

MEDDIC-MS Data Book

Medicaid Encounter Data Driven Improvement Core Measure Set

Vol. 2. 2004 HMO-Specific Performance Data Wisconsin Family Medicaid and BadgerCare

Wisconsin Department of Health and Family Services
Division of Health Care Financing, Bureau of Managed Health Care Programs

November 2005

MEDDIC-MS Data Book

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Volume 2: 2004 HMO-Specific Performance Data

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Other volumes in the MEDDIC-MS 2004 Data Book include:

MEDDIC-MS Data Book 2004, Volume 1, HMO Aggregate Performance Data, Wisconsin Family Medicaid and BadgerCare.

View this and other quality reports online at: [HTTP://WWW.DHFS.STATE.WI.US/MEDICAID7/PROVIDERS/INDEX.HTM](http://www.dhfs.state.wi.us/MEDICAID7/PROVIDERS/INDEX.HTM)

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MEDDIC-MS Data Book, Vol. 2, 2004 HMO-Specific Performance Data, Wisconsin Family Medicaid and BadgerCare, State of Wisconsin, Department of Health and Family Services, October 2005.

Introduction and Background

MEDDIC-MS (Medicaid Encounter Data Driven Improvement Core Measure Set) is Wisconsin's set of standardized performance measures for Family Medicaid and BadgerCare (the State Children's Health Insurance Program, SCHIP) managed care. Use of MEDDIC-MS was approved by the Centers for Medicare and Medicaid Services (CMS) as part of its review of the state's quality improvement strategy in August 2003.

In October 2003, the Agency for Healthcare Research and Quality (AHRQ) recognized MEDDIC-MS for inclusion in the National Quality Measures Clearinghouse (NQMC®). To view the measure summaries on the NQMC, go to: <http://www.qualitymeasures.ahrq.gov/resources/measureindex.aspx> and scroll down to "State of Wisconsin."

MEDDIC-MS is an automated system, utilizing HMO encounter data and other State-controlled electronic data sources, without paper medical record review. This improves patient privacy protection, reduces costs and improves measure accuracy. Medical record review is used for data validity audits, ambulatory quality of care audits, when HMOs wish to augment their encounter data and for special audit functions.

The Department of Health and Family Services (DHFS) extracts data for each measure and calculates each HMO's performance on the measure through a third party data services vendor. This is more consistent and accurate than having each HMO calculate and report its own rates.

MEDDIC-MS includes Targeted Performance Improvement Measure (TPIM) topics that have been in use in Wisconsin for a number of years. It also includes *monitoring measures* that are used for utilization trending and as clinical outcome measures.

Performance reports for prior years are available on the Wisconsin Medicaid Managed Care Website. To view these reports, please go to: <http://www.dhfs.state.wi.us/medicaid7/providers/index.htm> and scroll down to "Provider Quality Reports."

The data in this booklet presents program-wide performance rates for all HMOs combined on all MEDDIC-MS performance measures based on CY 2004 data.

Complete technical specifications for the MEDDIC-MS measures are available upon request. Contact: Gary R. Ilminen, RN at (608) 261-7839 or ILMINGR@DHFS.STATE.WI.US.

Care Analysis Projects

Since 2001, the Department has implemented an innovative program-wide proactive approach to performance improvement called Care Analysis Projects (CAP). Through CAP, enrollee-specific health care needs are identified and the data about those needs are shared with the enrollee's HMO. In this way, the Department seeks to assist in quality improvement by allowing HMOs and providers to focus outreach on individuals with unmet needs.

CAP focuses on several chronic conditions and on the provision of key preventive services. Chronic conditions included are congestive heart failure, asthma, and diabetes. Preventive health services include lead screening and prenatal risk assessment.

MEDDIC-MS and CAP work together. CAP provides data-driven targeted intervention and MEDDIC-MS allows accurate, real-time performance assessment.

HMO Performance Improvement Projects

Since the early 1990's the Wisconsin Medicaid HMO contract has required HMOs to complete at least two performance improvement projects in each calendar year and submit reports about them to the Department. Analysis of those showed that between 1997 and 2000, 73 percent of HMO interventions on topics of performance improvement projects resulted in some degree of improvement.

Since 2000, clinical topics that are monitored in the MEDDIC-MS performance measure system and have been the subject of performance improvement projects by multiple HMOs have exhibited improvement. For example, since 2000, 8 of 13 HMOs have conducted performance improvement projects on asthma. During that period of time, results on the performance measure have improved. Similarly, 7 of 13 HMOs have conducted performance improvement projects on diabetes care since 2000 and results on that measure have improved as well.

Other factors have no doubt played a role in improved performance on these and a number of other measures, but the added focus on a clinical topic that results from HMO performance improvement initiatives is likely a factor in the data trends.

To view a summary of HMO Performance Improvement Project topics, go to:

[HTTP://WWW.DHFS.STATE.WI.US/MEDICAID7/REPORTS_DATA/MCORGPERIMP.HTM](http://www.dhfs.state.wi.us/MEDICAID7/REPORTS_DATA/MCORGPERIMP.HTM)

Wisconsin Medicaid HMO Summary					
HMO name	Accreditation	Total enrollment (as of July 2005)**	Provider network***	Type of HMO	Number of full & partial counties served & area
Atrium Health Plan	None	28,363	3,213	IPA	26 western
Dean Health Plan	NCQA*	11,671	1,197	Group model	4 southern
Group Health Cooperative- South Central	NCQA*	2,850	1,783	Staff model	1 south central
Group Health Cooperative- Eau Claire	None	13,962	2,691	Mixed model	20 western
Health Tradition Health Plan	None	5,382	284	Group model	6 southwest
MercyCare Insurance Corporation	NCQA*	8,857	160	IPA	5 south central
Managed Health Services	None	114,175	3,447	IPA	27 south east
Network Health Plan	None	43,623	3,447	Group model	26 Fox River valley
Security Health Plan	NCQA*	24,363	1405	Group model	23 north central
TouchPoint Health Plan	NCQA*	18,290	1,503	IPA	13 Fox River valley
UnitedHealthcare	NCQA*	64,834	2,733	IPA	3 south east
Unity Health Plans	NCQA*	3,515	1,108	IPA	1 southern
Valley Health Plan	None	1,005	161	Group model	1 western

*This HMO is accredited by the National Committee for Quality Assurance (NCQA®) and has qualified for participation in the Department of Health and Family Services HMO Accreditation Incentive Program.

** Medicaid and BadgerCare enrollees only, as of 12/04—excludes commercial and Medicare+Choice enrollees, if applicable.

*** Reported by the HMO at most recent recertification. Includes physicians only.

Key to HMOs for Individual HMO charts:

AHP Atrium Health Plan
DHP Dean Health Plan
GHC Group Health Cooperative-South Central
GHE Group Health Cooperative-Eau Claire
HTP Health Tradition Health Plan
MCP MercyCare Insurance Corporation
MHS Managed Health Services
NHP Network Health Plan
SHP Security Health Plan
THP TouchPoint Health Plan
UHC UnitedHealthcare
UHP Unity Health Plans
VHP Valley Health Plan

For additional information, contact:

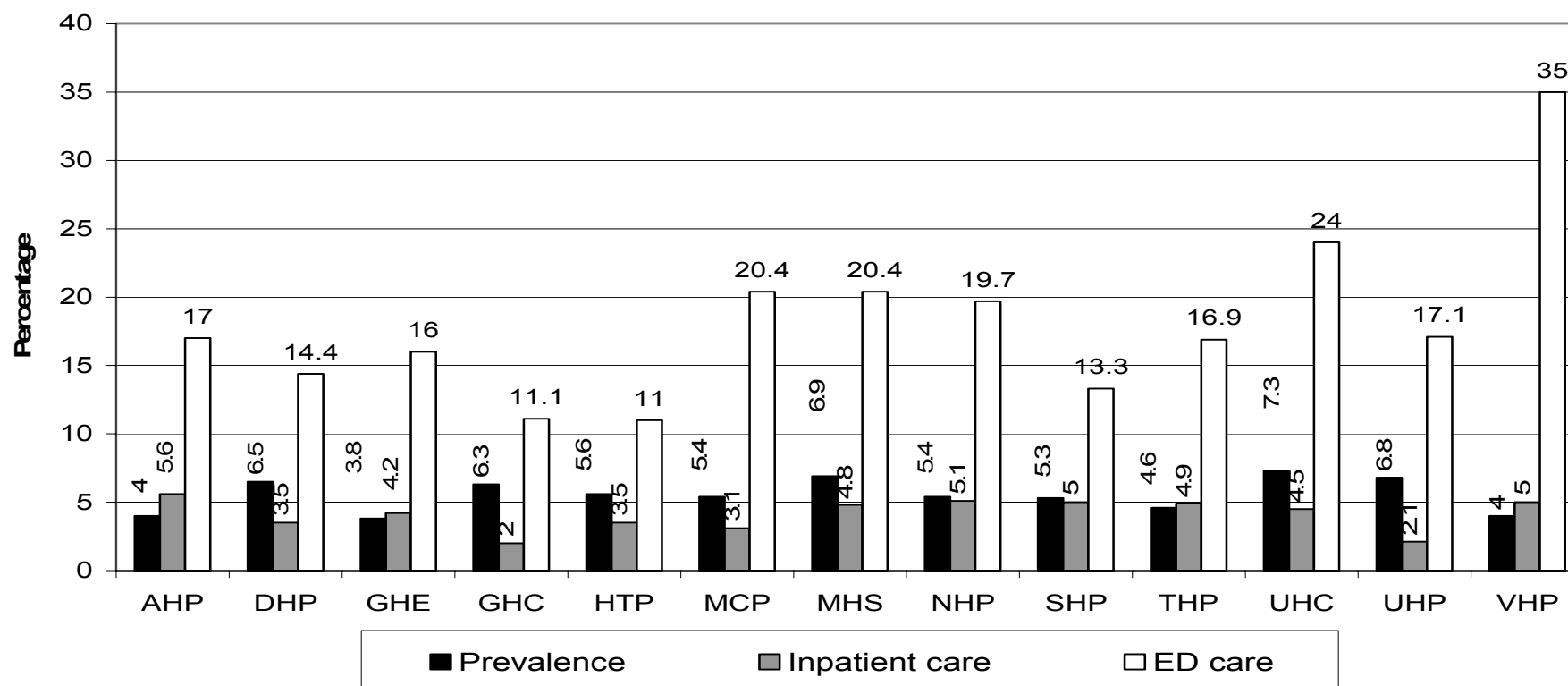
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Results on Clinical Performance Measures

Asthma care

Monitoring measure

Asthma Care, Ages Birth to 20 Years

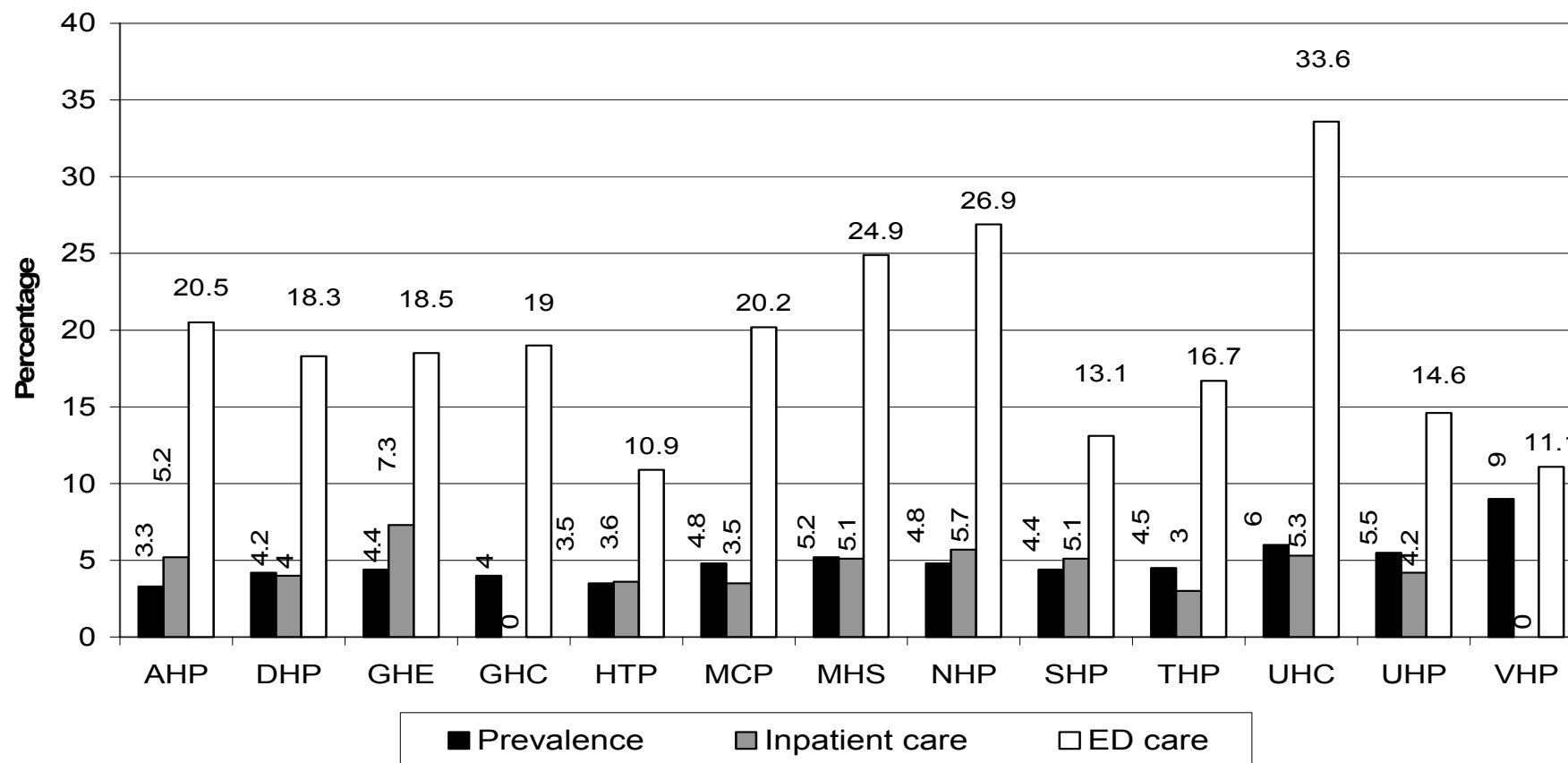


The HMO program-wide average for asthma prevalence was 6.2 percent among children birth to age 20 years, 4.9 percent in the 21+ years age group. The overall inpatient care rates were 4.6 percent for the birth to age 20 group and 5.1 Percent for the 21+ years age group. The overall ED care rates were 20.0 percent for the birth to age 20 group and 24.7 percent for the 21+ age group. Please refer to p. 8 for a key to the HMO abbreviations. ED refers to emergency department care. (Results continued on next page.)

Asthma care (continued)

Monitoring measure

Asthma Care, Age 21+ Years

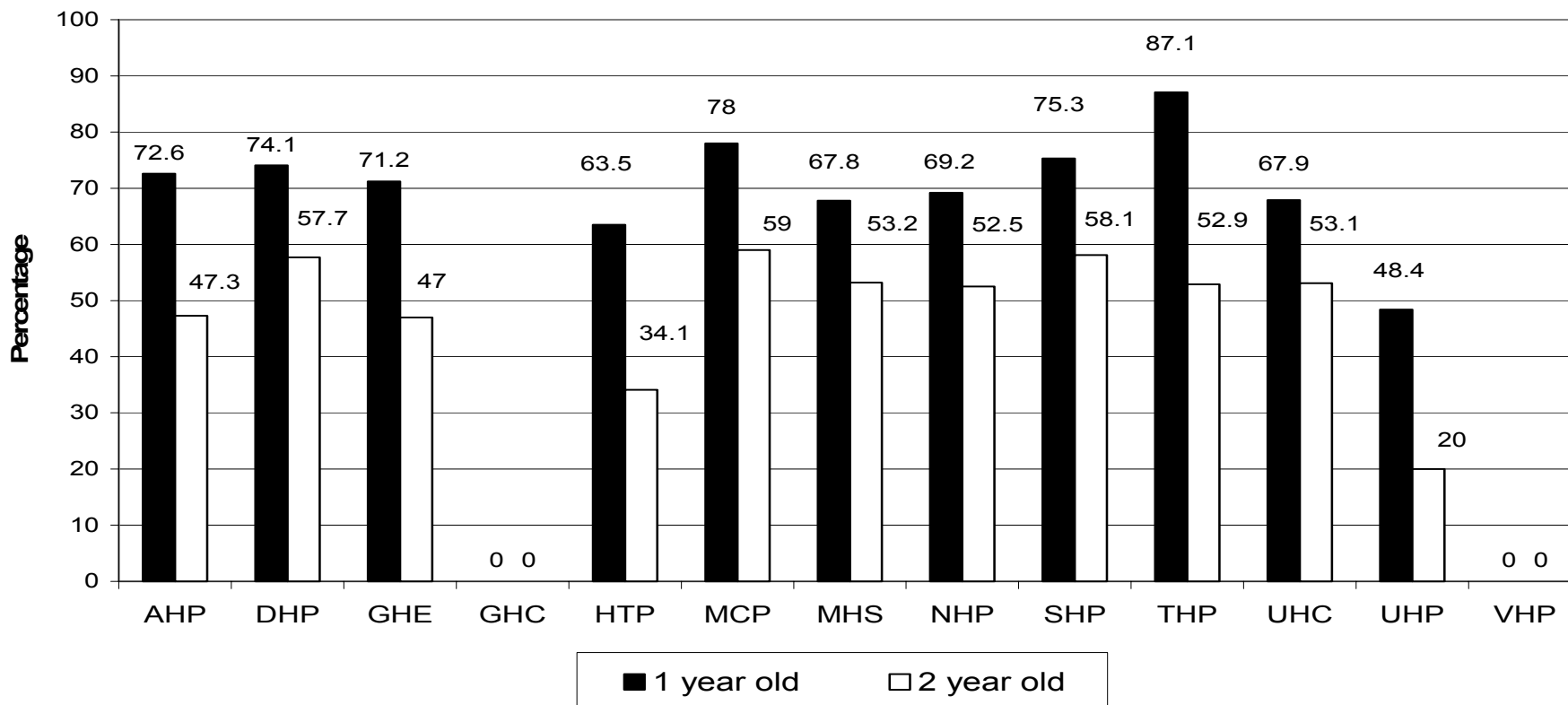


Please refer to p. 8 for a key to the HMO abbreviations.

Blood lead toxicity screening

Targeted performance improvement measure

Blood lead toxicity screening by HMO

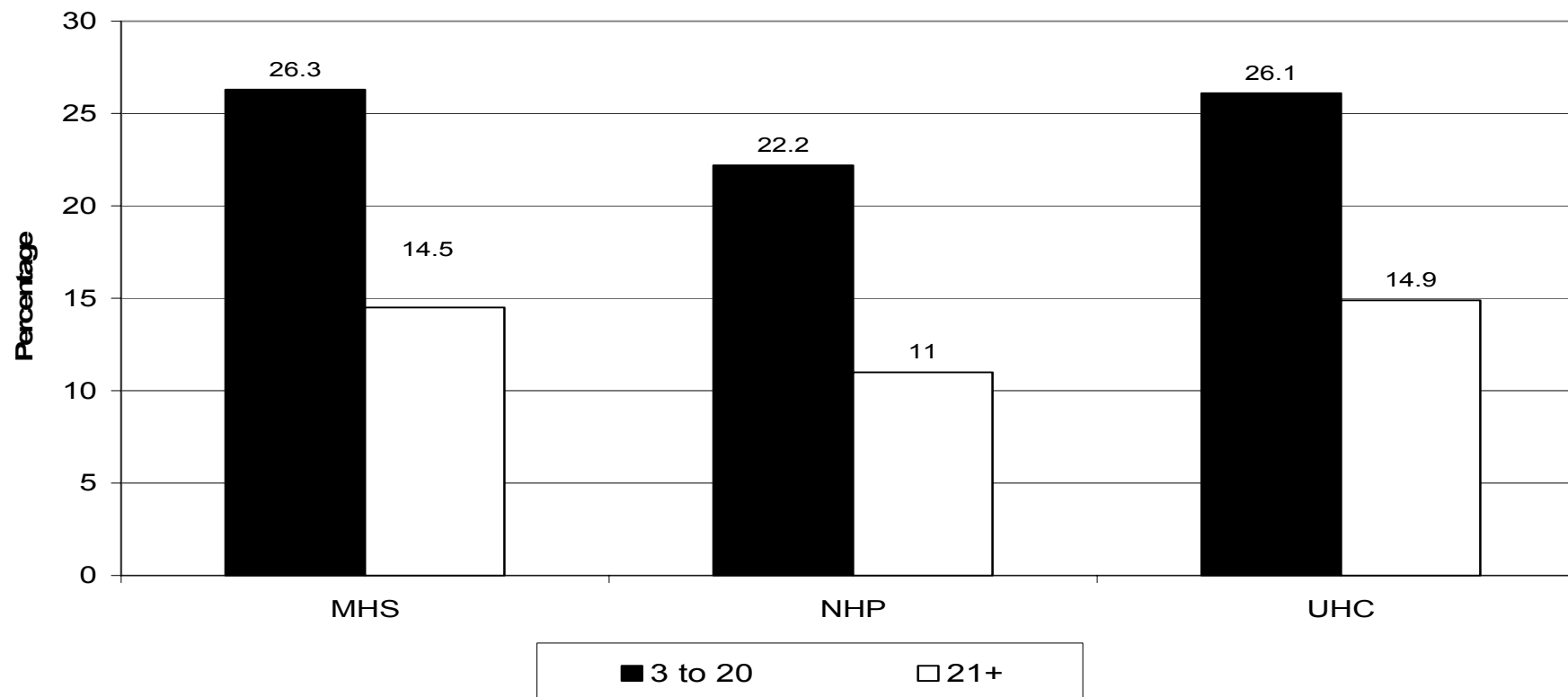


The average blood lead testing rate in the one year old age group in 2004 was 69.9 percent, up slightly from 69.1 percent in 2003, and was 52.3 percent for two year olds, up from the 2003 rate of 50.9 percent. Group Health Cooperative-South Central (GHC) and Valley Health Plan (VHP) each had fewer than 30 enrollees in the denominator for one and two-year-olds in this measure and so do not have values shown. Please refer to p. 8 for a key to the HMO abbreviations.

Dental (Preventive) Services

Targeted performance improvement measure

Preventive Dental Care, Age 3-20 and 21+ Years, by HMO

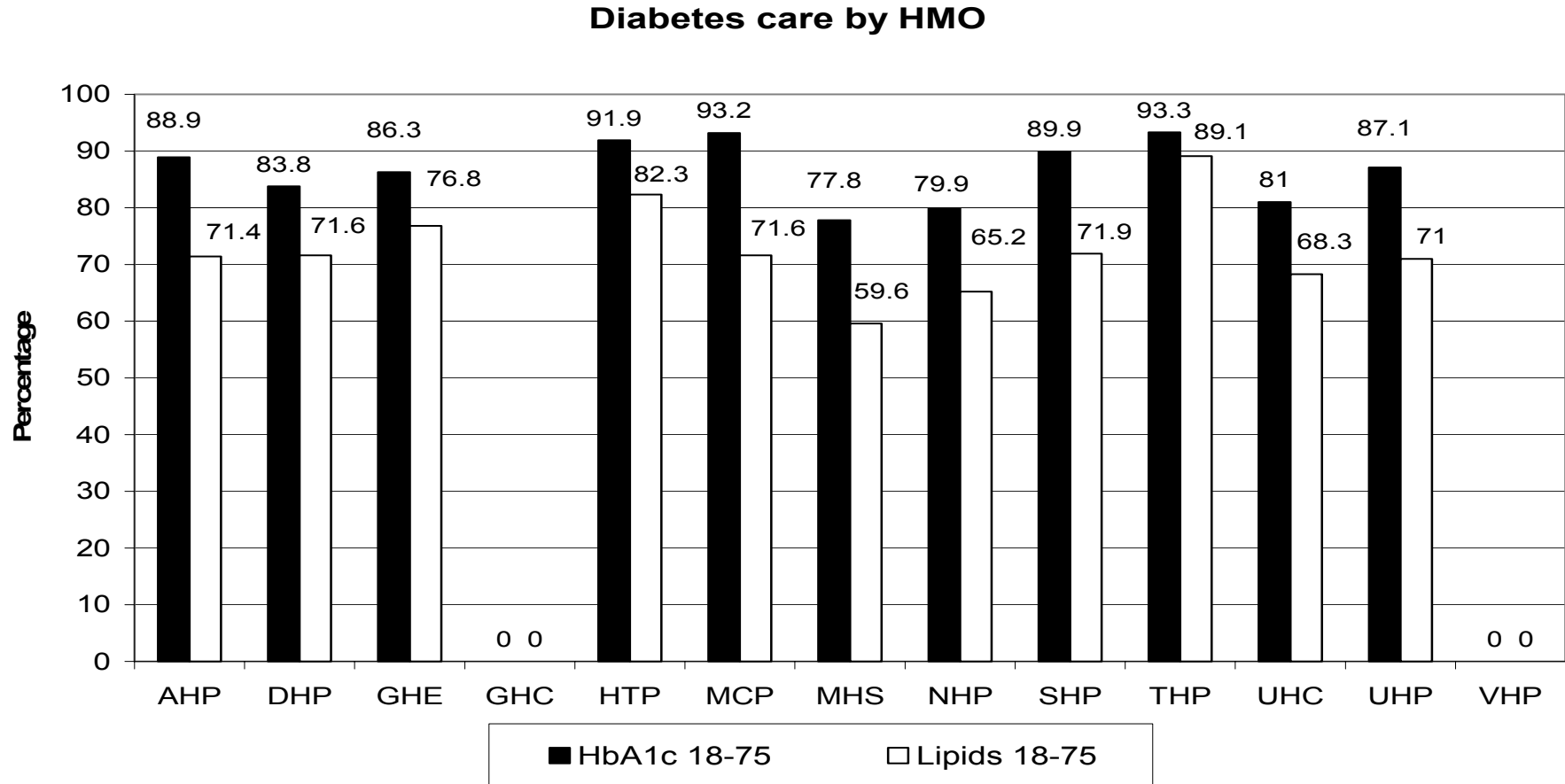


The average rate of provision of preventive dental care in the 3-20 years-of-age cohort was 25.8 percent; the average was 14.3 percent in the 21+ years-of-age cohort.

Note: Three of thirteen participating HMOs provide dental care under their Medicaid/BadgerCare contract. Please refer to p. 8 for a key to the HMO abbreviations.

Diabetes care

Targeted performance improvement measure

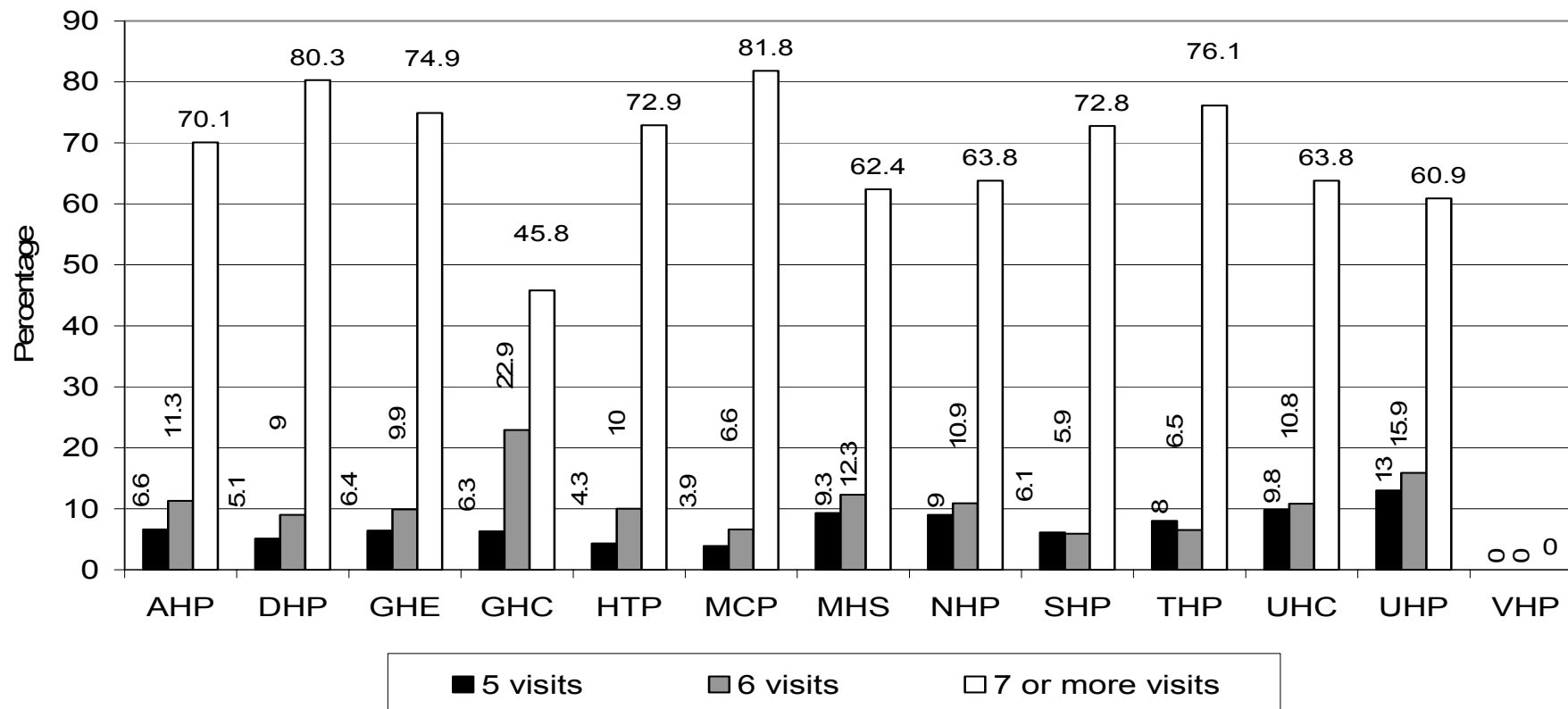


Two HMOs (GHC and VHP) had fewer than 30 enrollees in the denominator and so do not have results included in the chart. The birth to age 17 years age cohort is not reported by individual HMO due to very small denominator numbers. The 2004 overall HMO average rate for hemoglobin A1c (HbA1c) for adults was 82.3 percent, an increase from the 2003 average of 78.3 percent; the average rate for lipids testing was 67.1 also in increase from the 2003 average of 61.9 percent. Please refer to p. 8 for a key to the HMO abbreviations.

EPSDT (HealthCheck) comprehensive well-child exams

Targeted Performance Improvement Measure

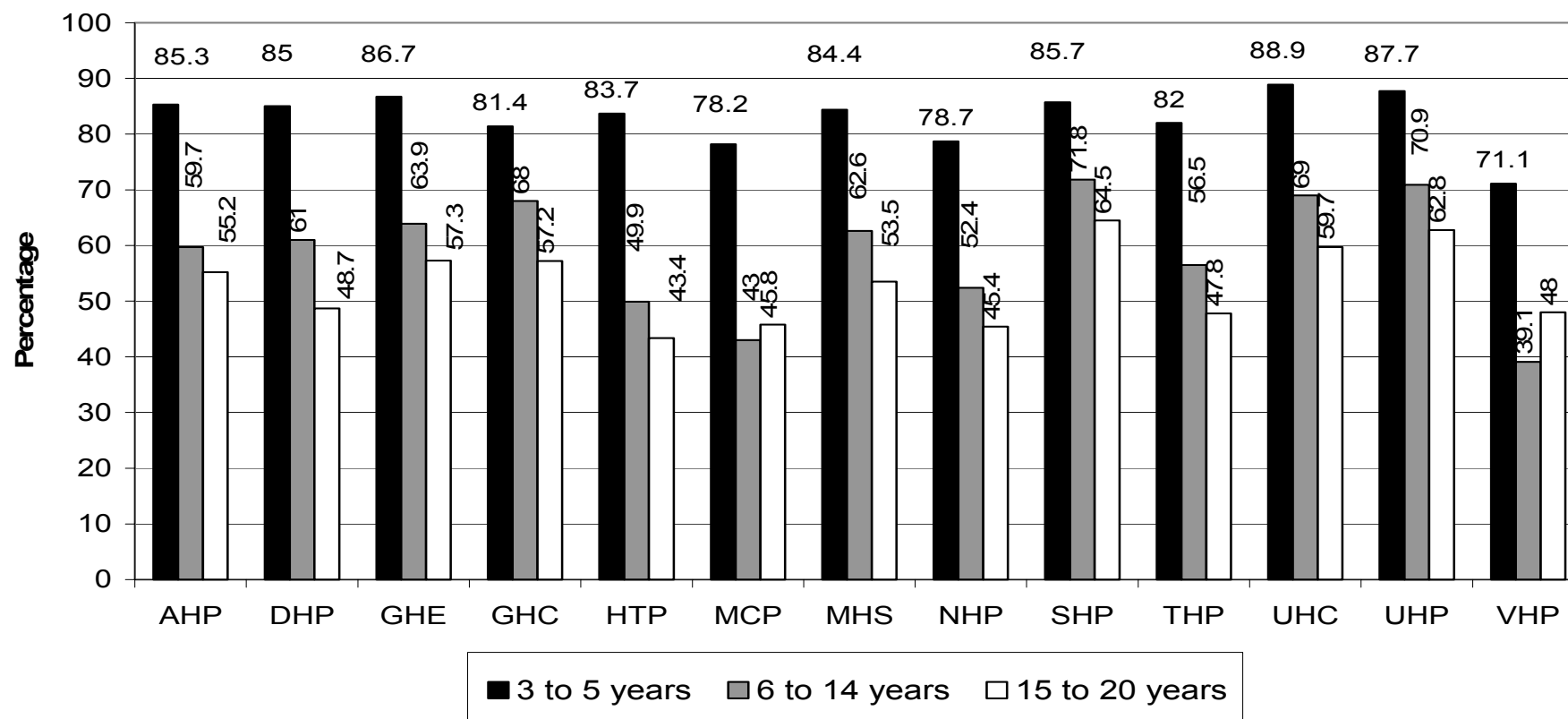
Early, Periodic Screening, Diagnosis and Treatment (EPSDT) Services for Young Children-HealthCheck



In 2004, the average rate of children up to age two years with 7 or more HealthCheck exams across all HMOs was 66.4 percent. The average rate for children with 6 exams was 10.8 percent and for 5 exams, it was 8.5 percent. Approximately 14.3 percent of children had fewer than five exams by age two years. One HMO, Valley Health Plan (VHP) had fewer than 30 enrollees in the denominator, so the individual HMO rate is not shown. Please refer to p. 8 for a key to the HMO abbreviations. Results are continued on next page.

EPSDT (HealthCheck) comprehensive well-child exams (continued)

Early, Periodic Screening, Diagnosis and Treatment (EPSDT) Services, Children 3-20 years

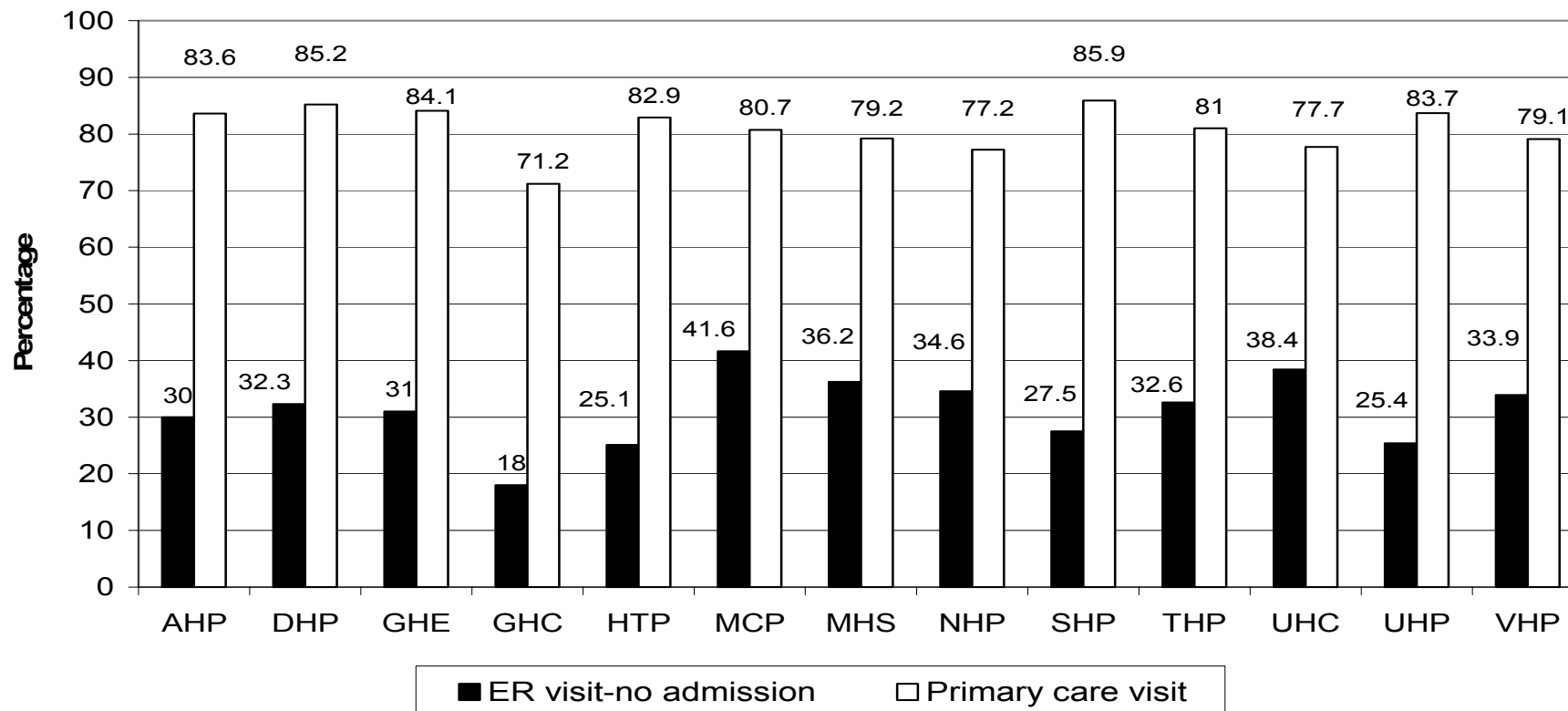


The average rate for children age 3-5 years with at least one HealthCheck exam in the look-back period was 84.5 percent across all HMOs. For children age 6-14 years, it was 62.3 percent and for children age 15-20 years it was 54.3 percent. Please refer to p. 8 for a key to the HMO abbreviations.

General and Specialty care-outpatient

Monitoring measure

General & Specialty Care, Outpatient, ER Encounters without Admission and Primary Care Encounters

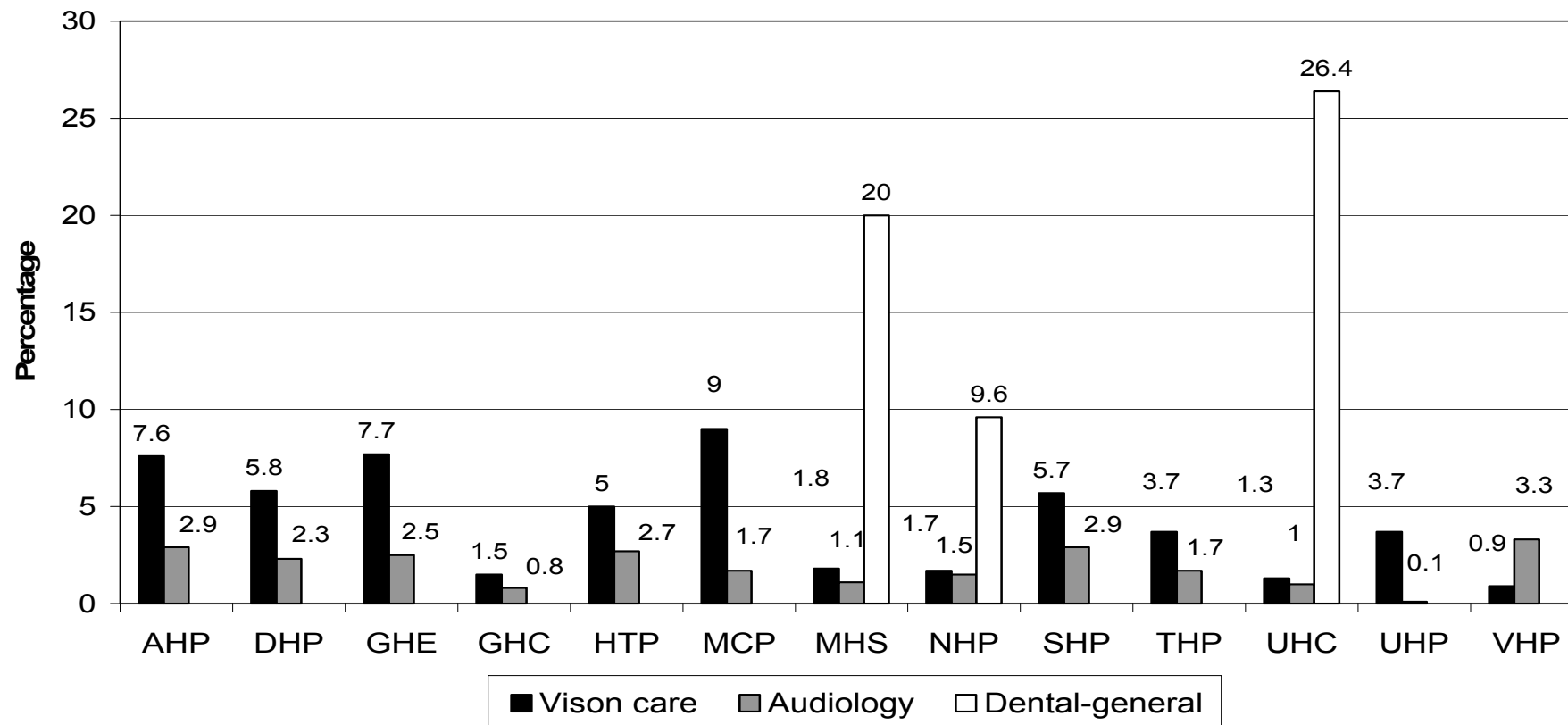


The average rate for emergency room/department (ER) visits not resulting in hospital admission was 34.5 percent. Average rate for primary care visits was 80.0 percent. The measure reflects unduplicated enrollees with at least one encounter of each type in the look-back period. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

General and Specialty care-outpatient (continued)

Monitoring measure

General & Specialty Care, Outpatient, Vision, Audiology & General Dental Encounters by HMO

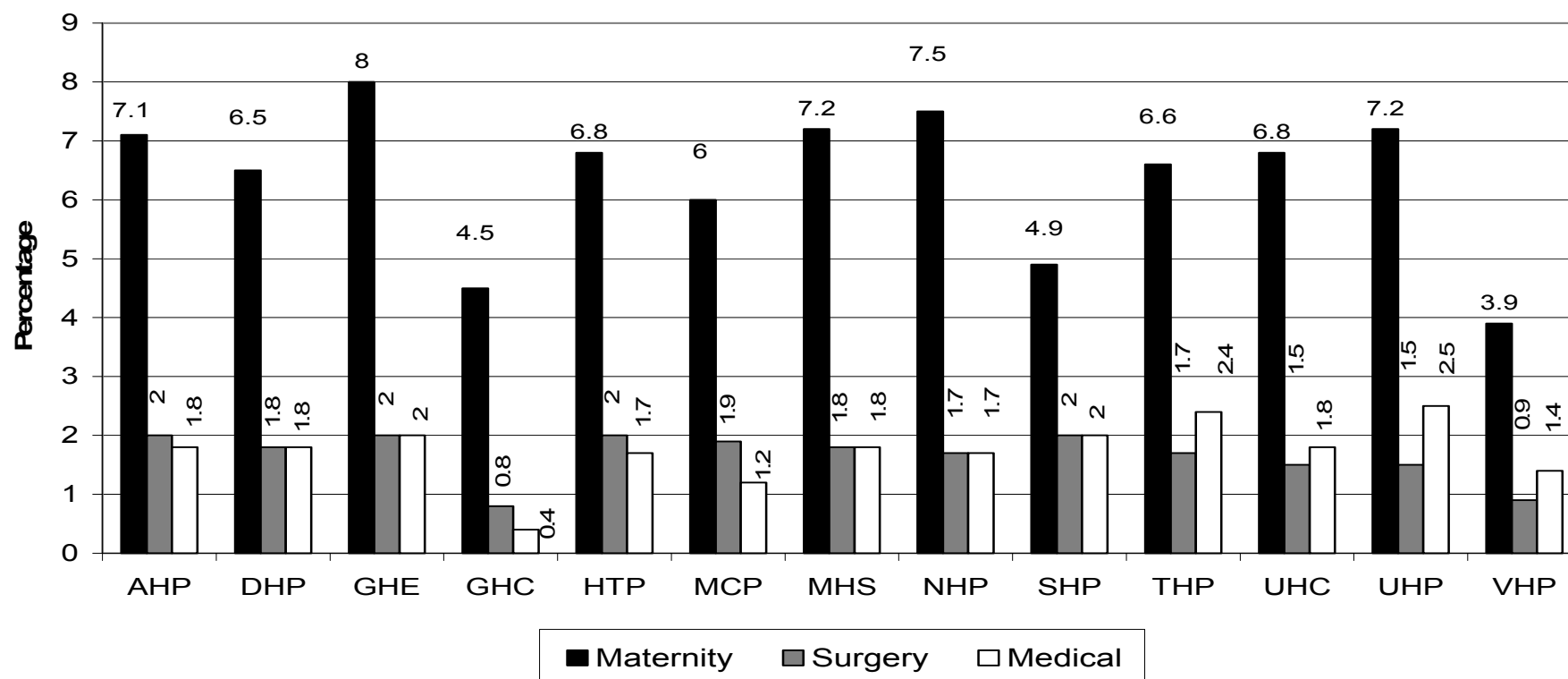


The 2004 HMO average for vision care was 3.1 percent, for audiology it was 1.4 percent and for general dental care, 20.2 percent. The measure reflects unduplicated enrollees with at least one encounter of each type in the look-back period. Three HMOs--MHS, NHP and UHC--provide dental services under their contract; other HMOs do not provide dental. Please refer to p. 8 for a key to the HMO abbreviations.

General and Specialty care-inpatient

Monitoring measure

General & Specialty Care, Inpatient: Maternity, Surgery & Medical, by HMO

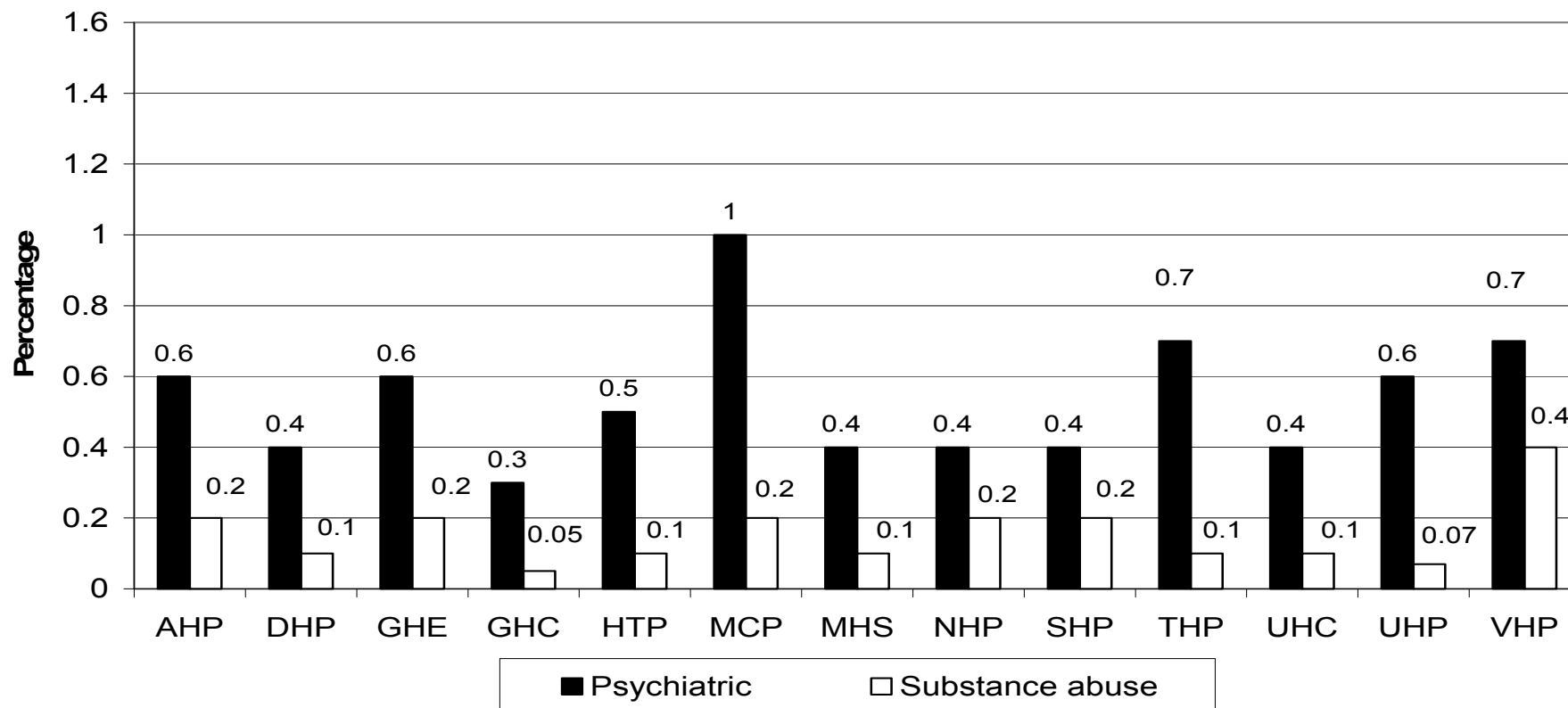


The program-wide HMO average for maternity care was 6.9 percent, 1.1 percent for surgical inpatient care, and 2.3 percent for inpatient medical care. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

General and Specialty care-inpatient (continued)

Monitoring measure

General & Specialty Care, Inpatient, Psychiatry and Substance Abuse, by HMO

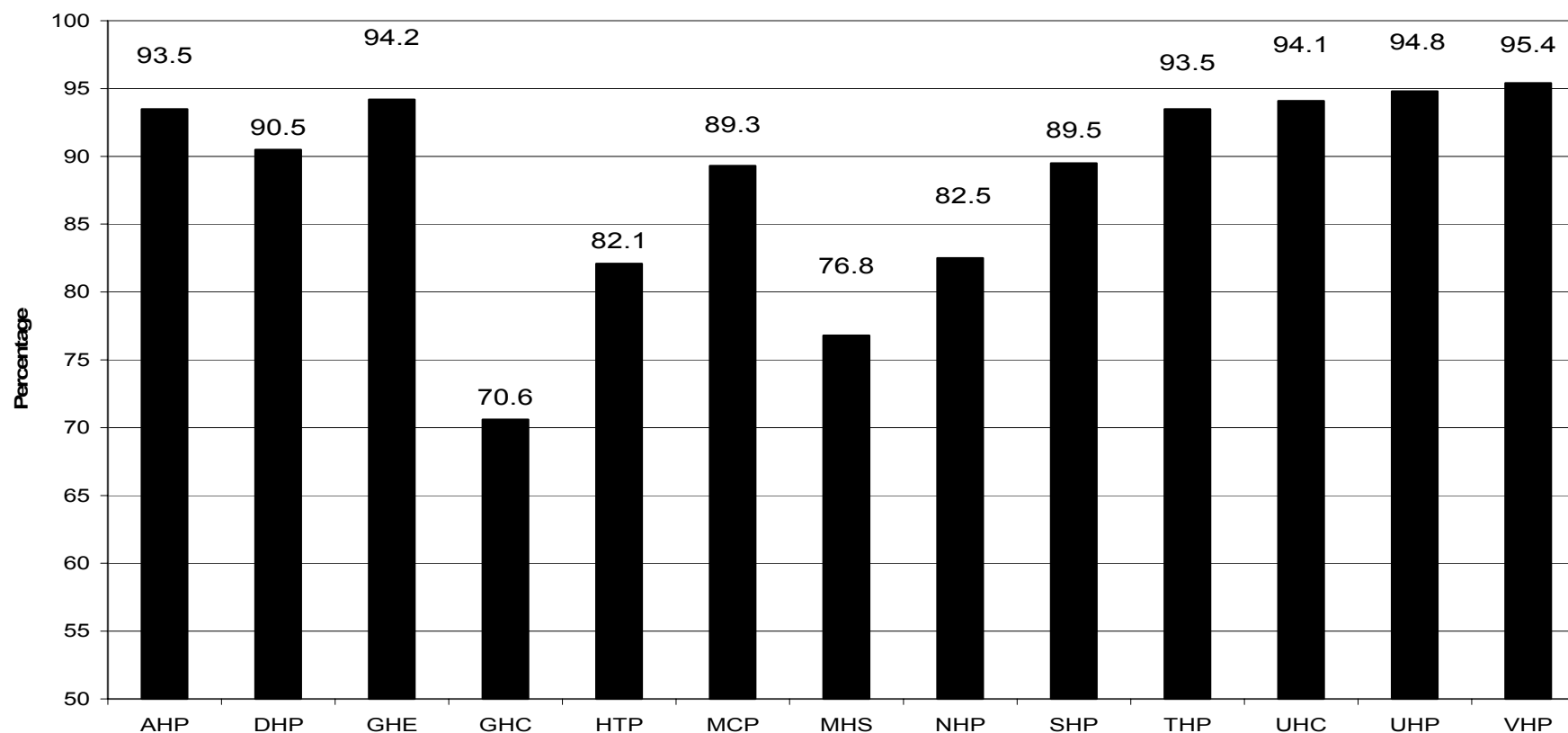


The 2004 program-wide HMO average for inpatient psychiatric care was 0.5 percent and was 0.1 percent for inpatient substance abuse care. Please refer to p. 8 for a key to the HMO abbreviations.

General & Specialty Care—Inpatient (continued)

Monitoring measure

Neonatal care by HMO

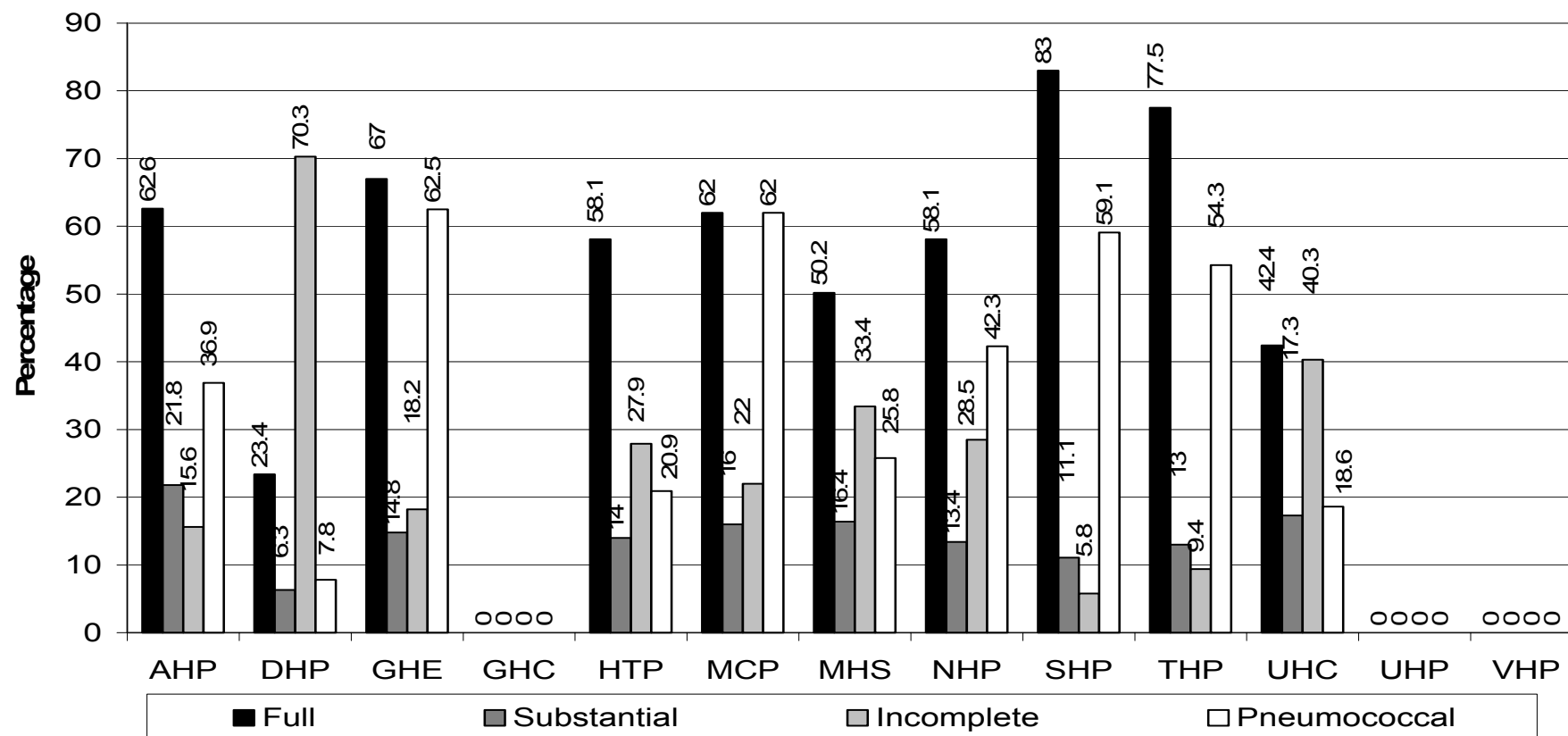


In 2004, the program-wide average for neonatal care was 85.4 %. Please refer to p. 8 for a key to the HMO abbreviations.

Immunizations for children

Targeted performance improvement measure

Childhood Immunizations by HMO

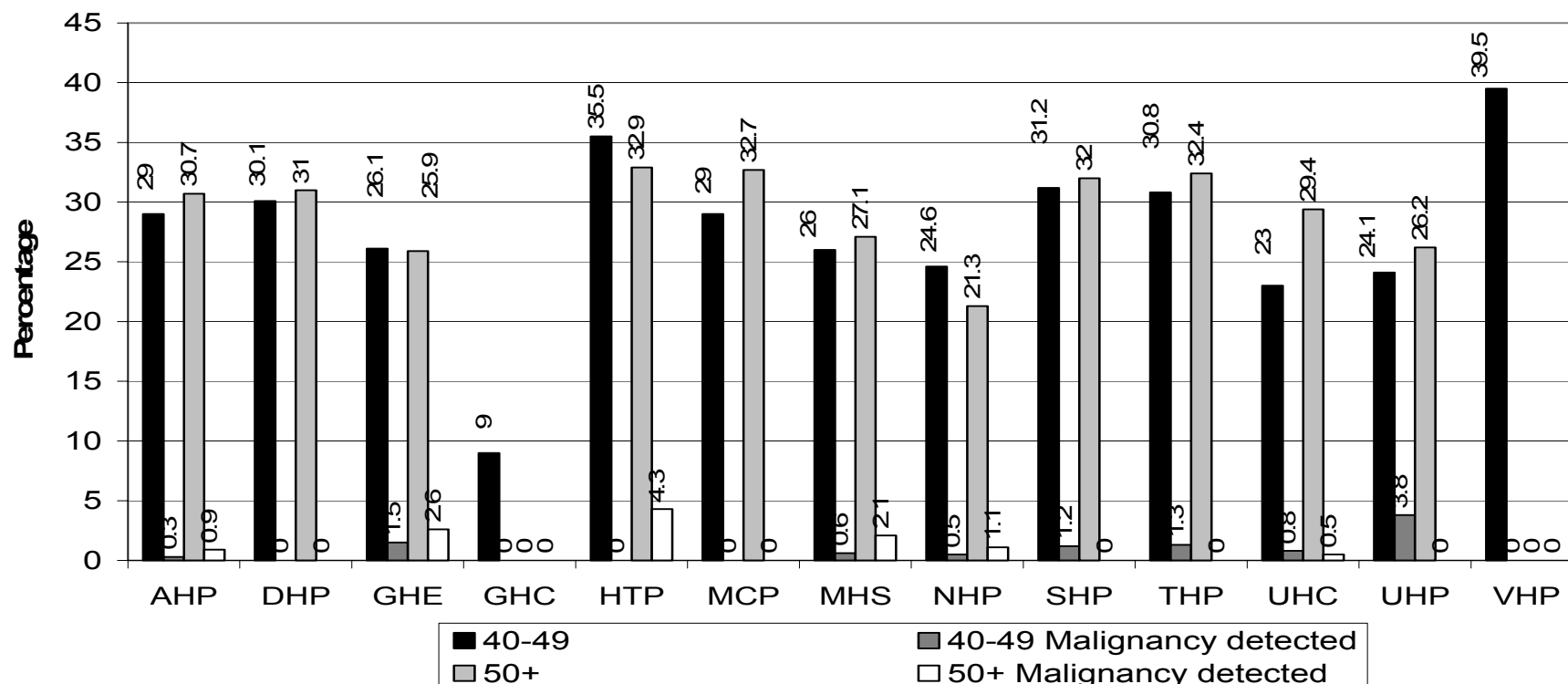


The overall HMO average for full immunization status was 54.5 percent. The average for substantial immunization status was 15.9 percent and the average for incomplete immunization status was 29.5 percent. The average for the pneumococcal vaccination status (4+ doses) was 32.8 percent. GHC, UHP and VHP each had fewer than 30 enrollees in the denominator, so their rate is not entered. Please refer to p. 8 for a key to the HMO abbreviations.

Mammography (screening) and Malignancy Detection

Monitoring measure

Screening Mammography and Malignancy Detection Rates, by HMO, Ages 40-49 and 50+ Years

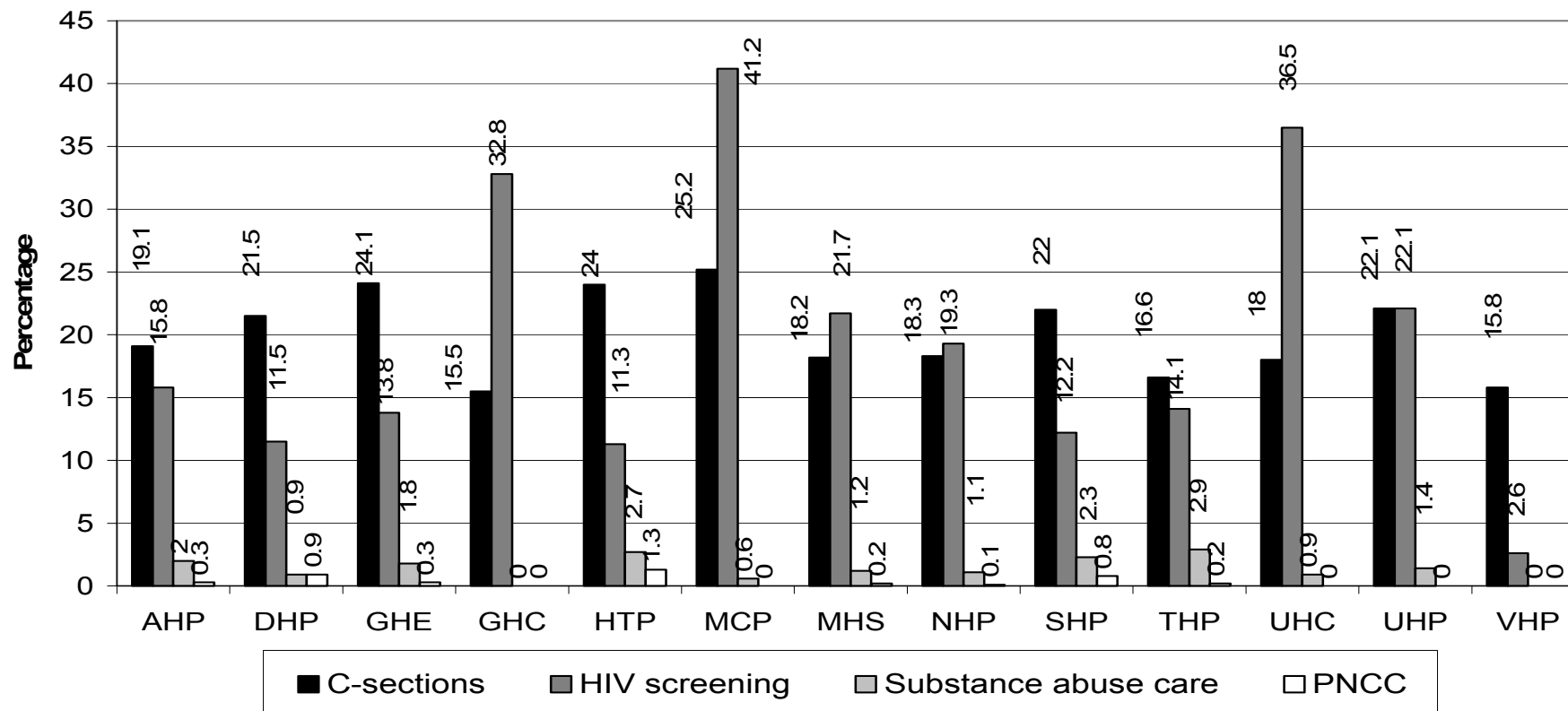


The average HMO screening mammography rate in the 40-49 years age cohort was 26.6 percent, with an average malignancy detection rate of 0.7 percent. The average rate in the 50+ years age cohort was 28.2 percent with a 1.1 percent detection rate. Two HMOs—VHP and GHC—had a denominator smaller than 30 enrollees in the 50+ years age cohort and therefore have no rate reported. Please refer to p. 8 for a key to the HMO abbreviations.

Maternity/perinatal Care

Monitoring measure

Maternity Care, C-sections, Voluntary HIV Screening, Substance Abuse Care & PNCC

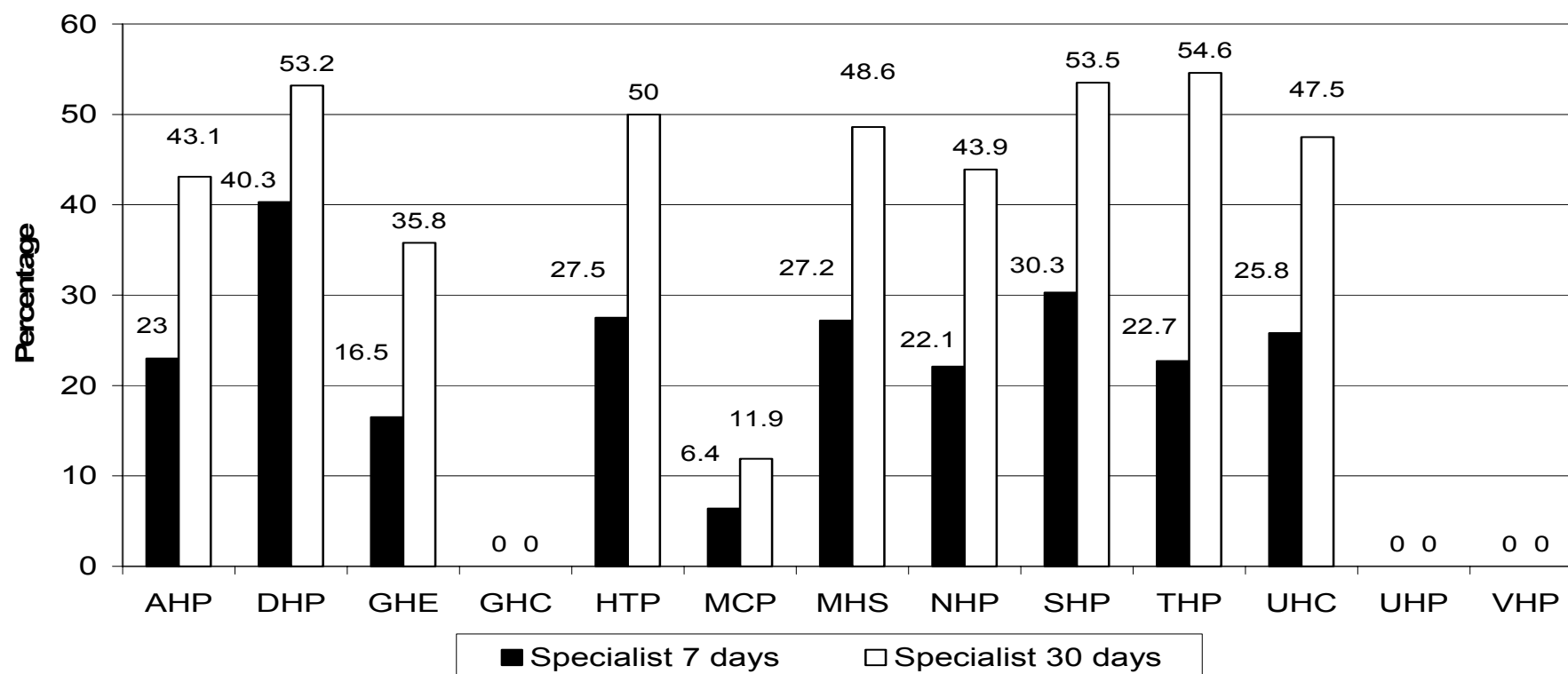


In 2004, the HMO average Cesarean section rate was 19 percent. The average rate for substance abuse care in the perinatal period was 1.4 percent and the average rate for voluntary HIV testing was 22.1 percent. Prenatal Care Coordination was identified for 0.2 percent. Please refer to p. 8 for a key to the HMO abbreviations.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge

Targeted Performance Improvement Measure

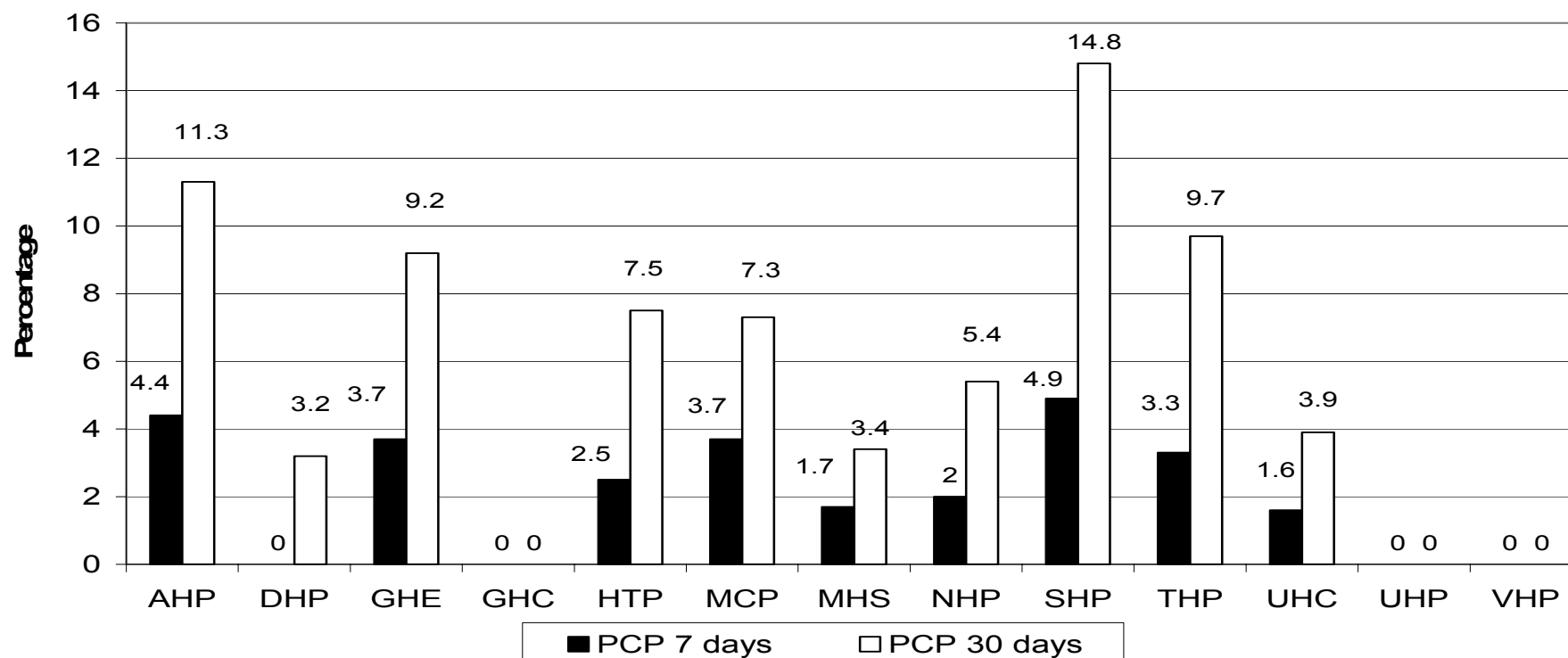
Mental Health/substance abuse post-discharge follow-up care within 7 days and 30 days, by specialists, by HMO



The HMO average for mental health or substance abuse follow-up care by a specialist for all ages within 7 days of inpatient discharge was 24.3 percent; for follow-up within 30 days it was 45.2 percent. Three HMOs (GHC, UHP and VHP) had denominators with fewer than 30 discharges and are not reported individually. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge (continued)

Mental Health/substance abuse post-discharge follow-up care within 7 days and 30 days by primary care providers (PCP), by HMO



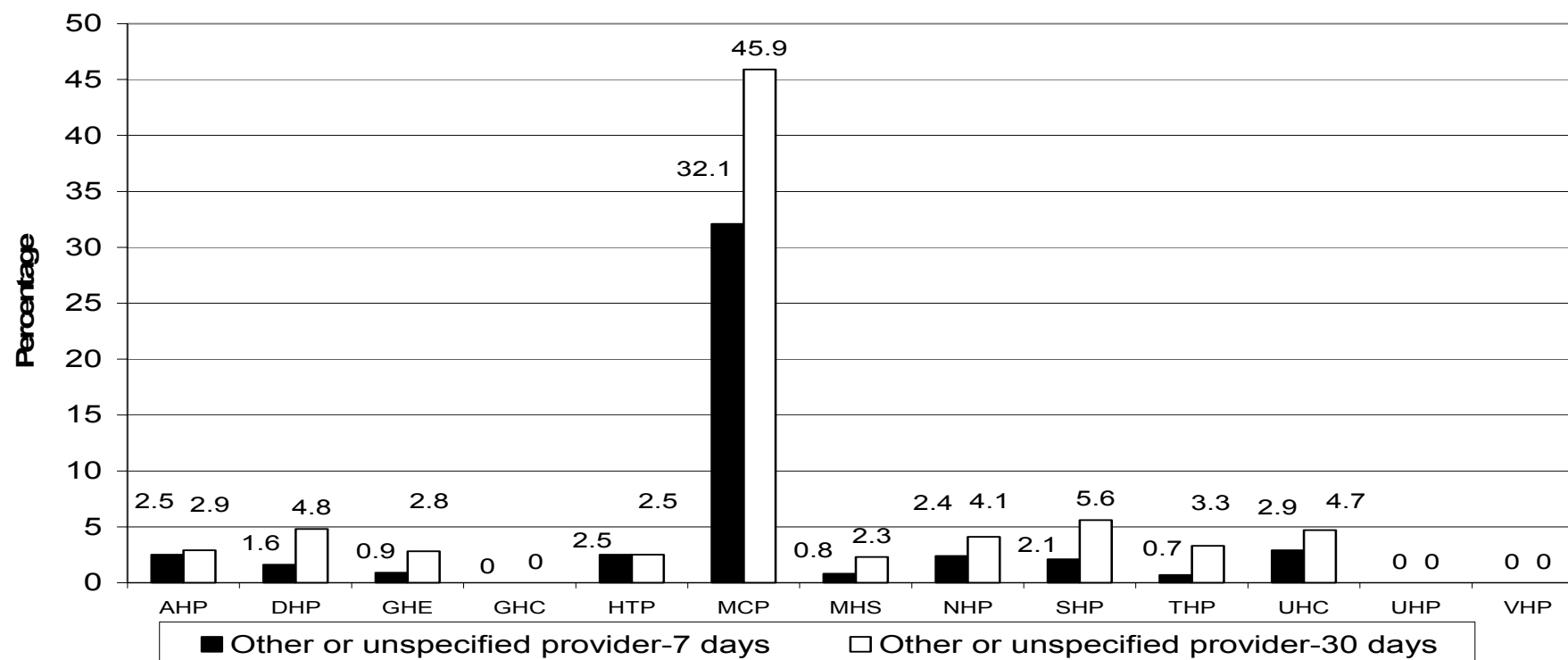
Targeted Performance Improvement Measure

The HMO average for follow-up care by a primary care provider (PCP) within 7 days post-discharge from inpatient care for mental health or substance abuse diagnoses was 2.5 percent. The average for follow-up within 30 days by a PCP was 6.4 percent. Three HMOs (GHC, UHP and VHP) had denominators with fewer than 30 discharges and are not reported individually. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge (continued)

Targeted Performance Improvement Measure

Mental Health/substance abuse post-discharge follow-up care within 7 days and 30 days by "other/unspecified" providers, by HMO

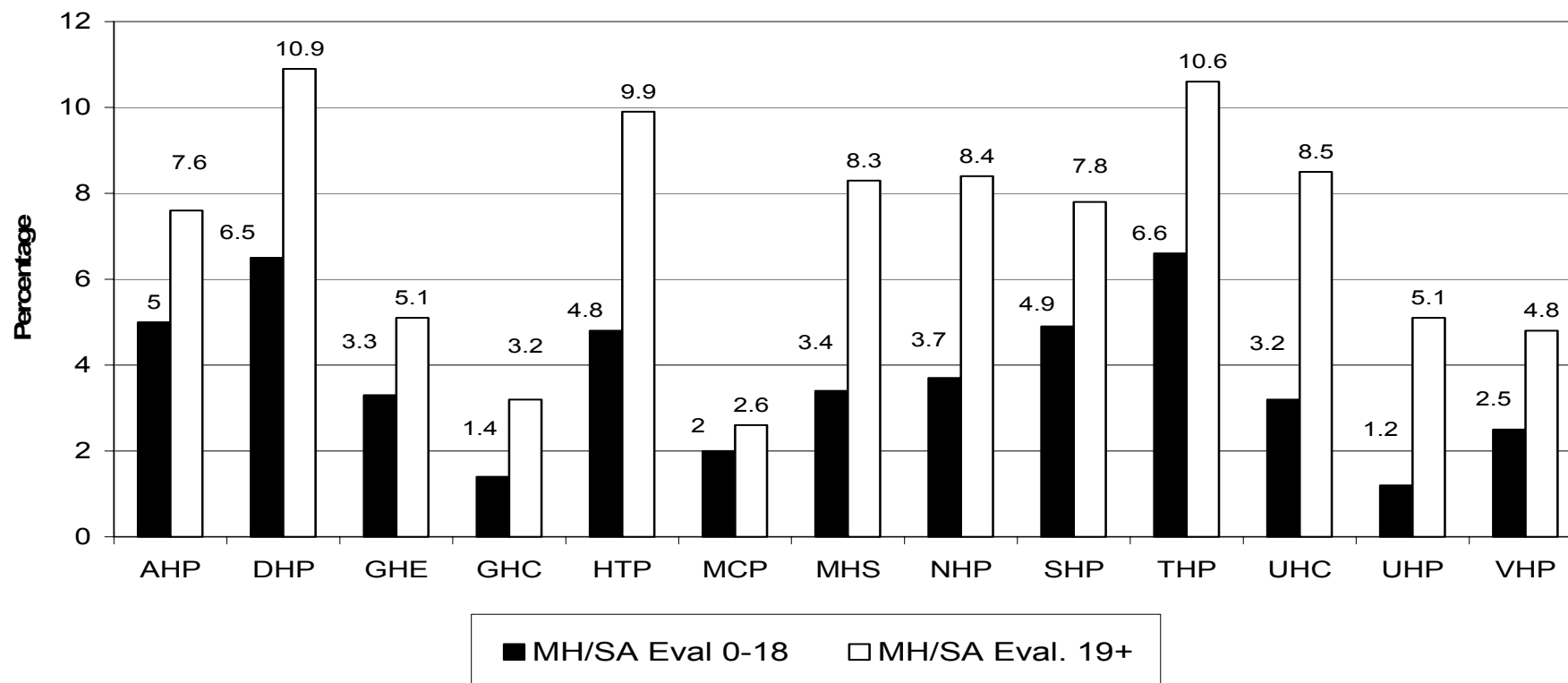


The HMO average for post-discharge follow-up care after inpatient care for mental health or substance abuse diagnoses by an "other" or "unspecified" provider within 7 days of discharge was 3.5 percent. The average for follow-up within 30 days of discharge for all ages was 6.0 percent. Three HMOs (GHC, UHP and VHP) had denominators with fewer than 30 discharges and are not reported individually. Please refer to p. 8 for a key to the HMO abbreviations.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care

Monitoring Measure

**Mental Health & Substance Abuse evaluations,
by age cohort and HMO**

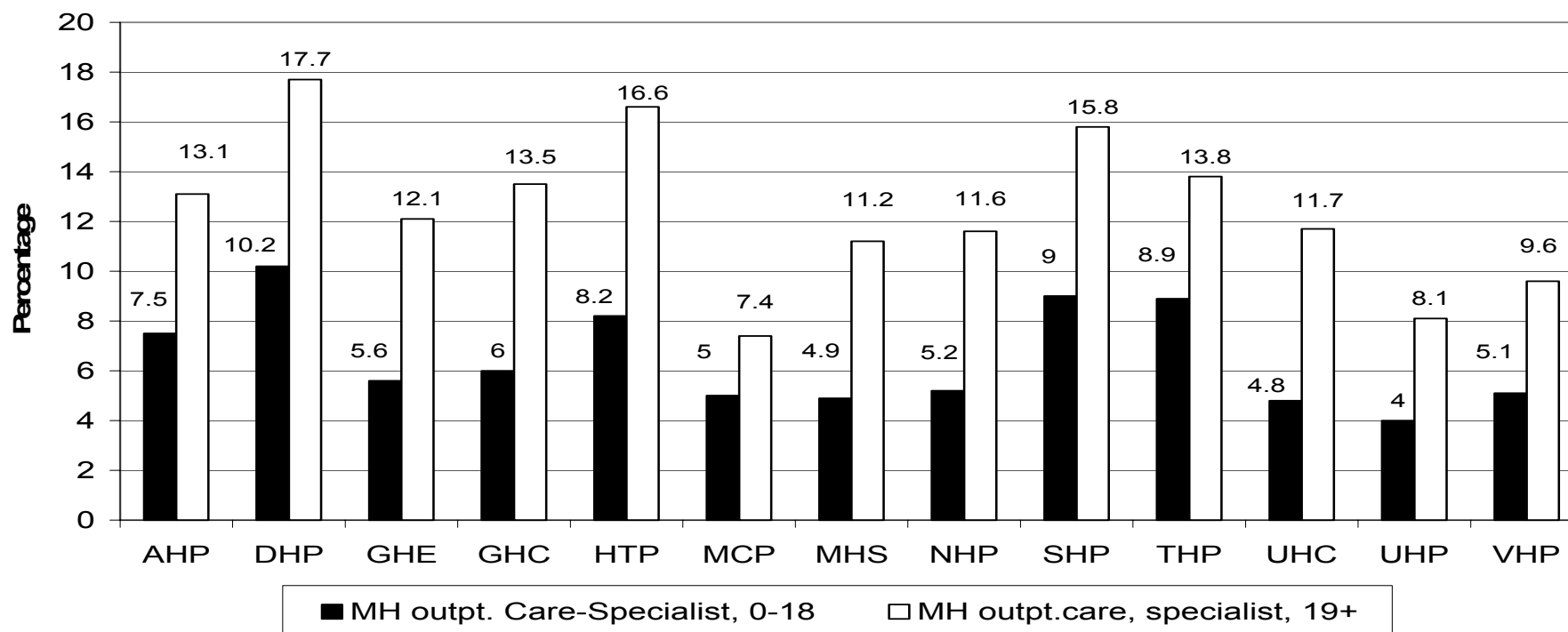


The average rate of mental health/substance abuse evaluations for all ages across all HMOs in Medicaid and BadgerCare was 5.2 percent in 2004. The average rate for age 0-18 years age group was 3.8 percent; the average for the 19+ years age group was 8.1 percent. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

**Mental Health & Substance Abuse treatment by specialists,
by age cohort and HMO**

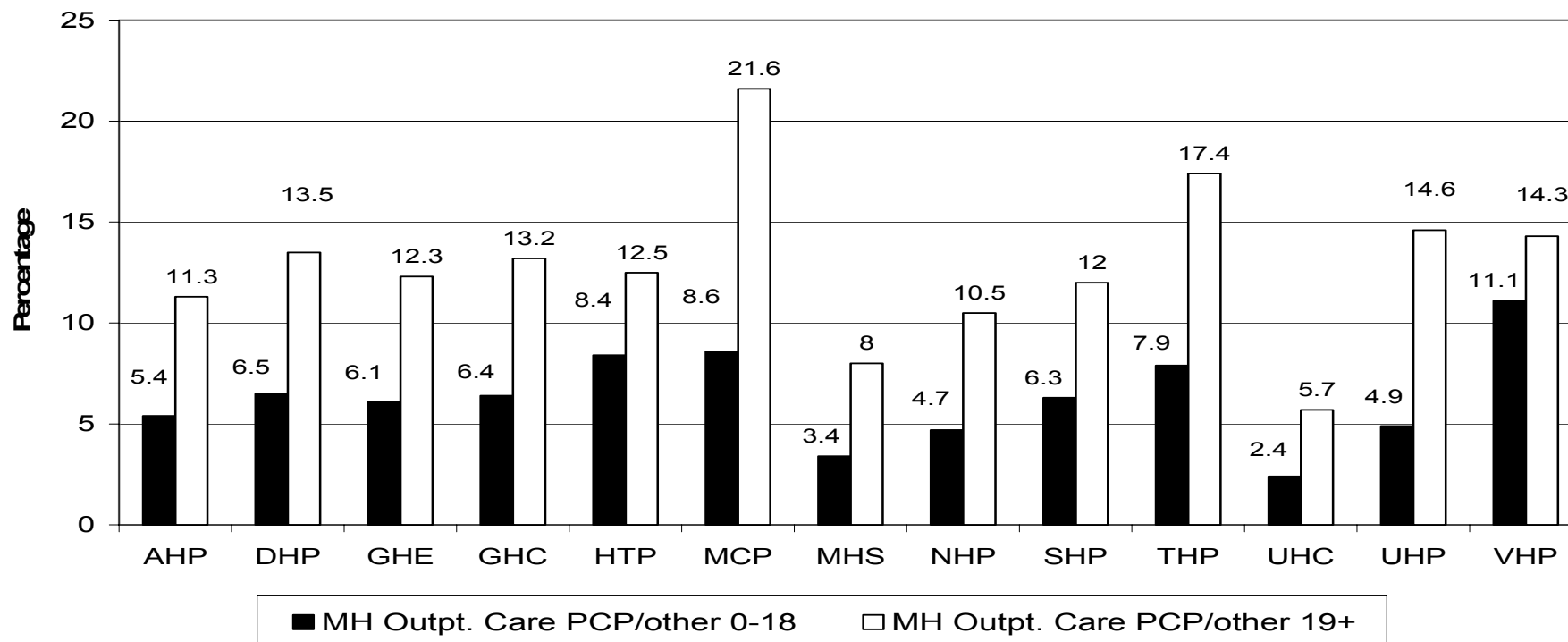


In 2004, the average rate of mental health outpatient care by a specialist for all ages across all HMOs in Medicaid and BadgerCare was 7.9 percent. The average rate of mental health outpatient care by a specialist for the 0-18 years of age group was 5.8 percent; the average rate for the 19+ year-old age group was 12.2 percent. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

Mental Health & Substance Abuse treatment by PCP/other providers, by age cohort and HMO

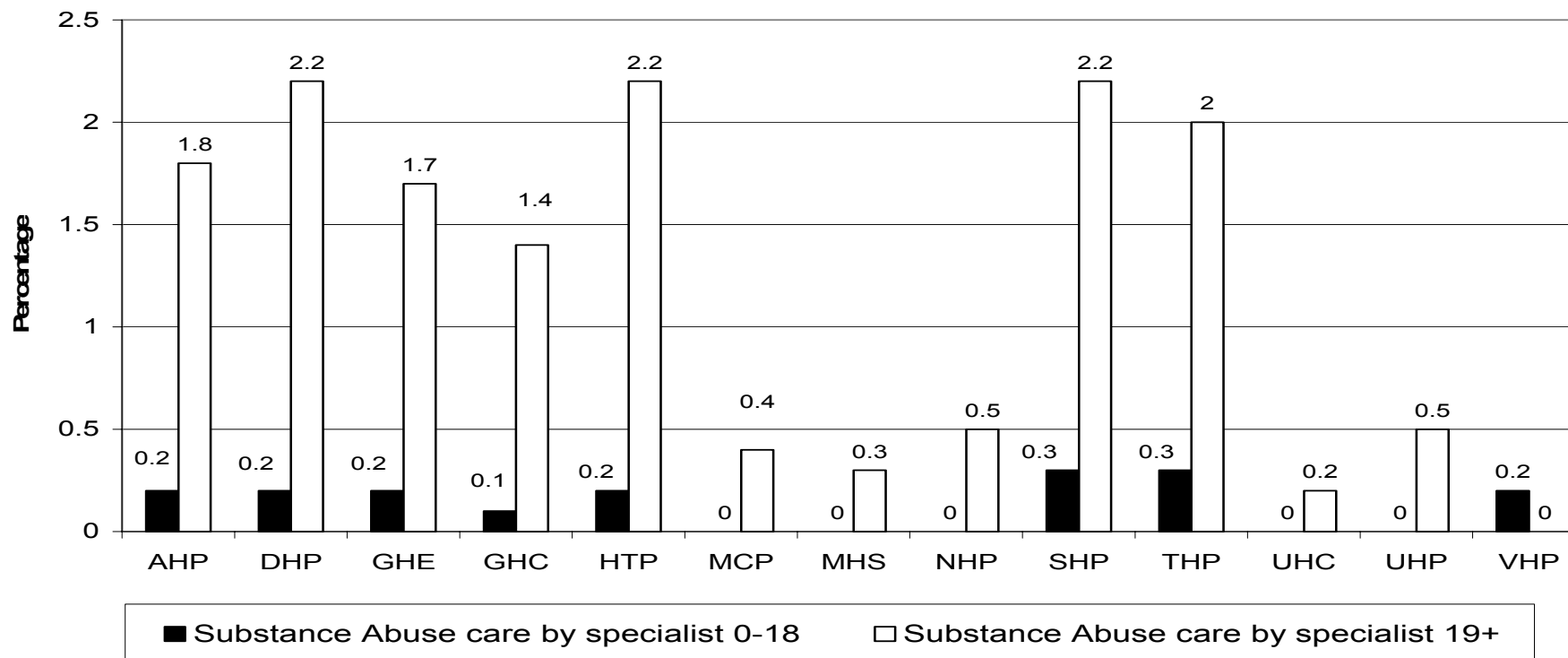


In 2004, the average rate of mental health outpatient care by a primary care provider (PCP) or other (unspecified) provider for all ages across all HMOs in Medicaid and BadgerCare was 6.2 percent. The average rate of mental health outpatient care by a PCP or other provider for the 0-18 years of age group was 4.4 percent; the average rate for the 19+ year-old age group was 9.9 percent. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

Substance Abuse treatment by specialists, by age cohort and HMO

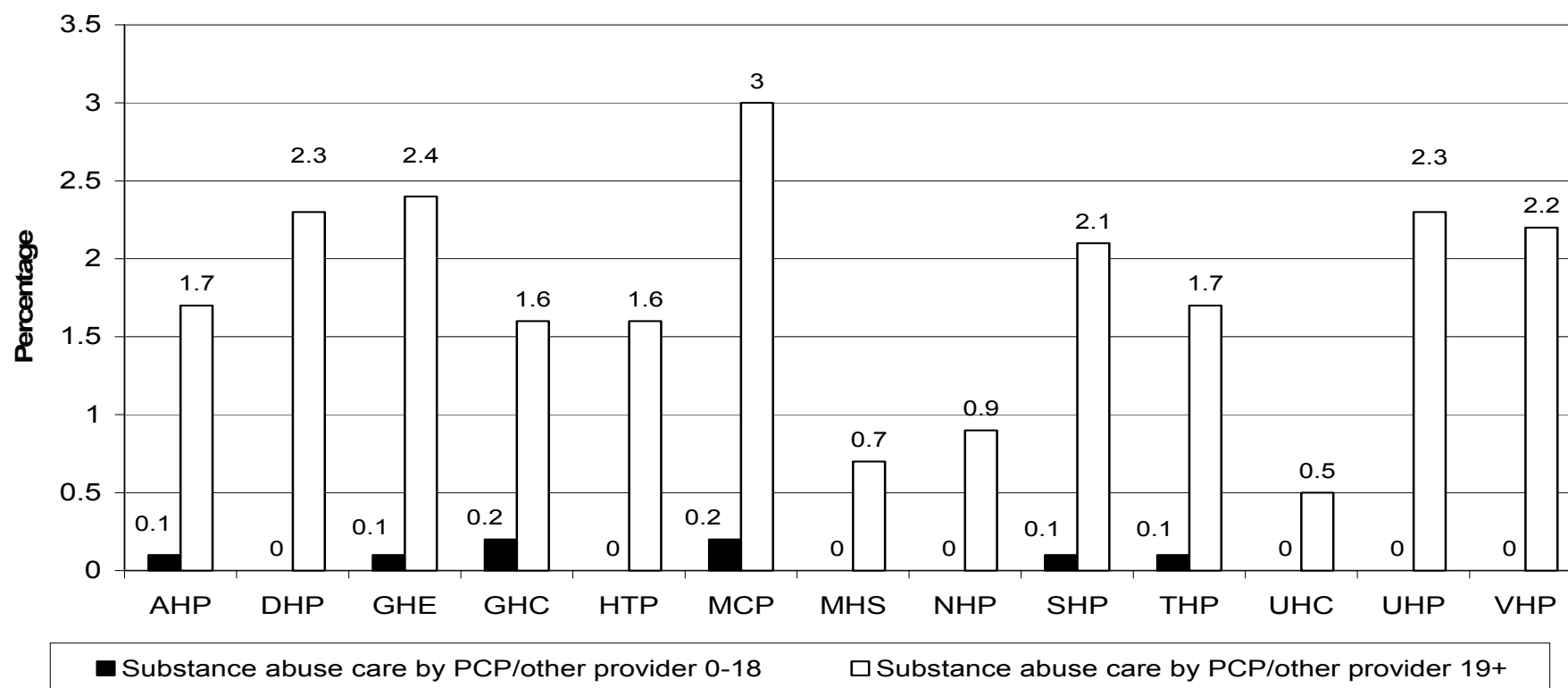


In 2004, the average rate of substance abuse outpatient care by a specialist for all ages across all HMOs in Medicaid and BadgerCare was 0.3 percent. The average rate of substance abuse outpatient care by a specialist for the 0-18 years of age group was <0.01 percent; the average rate for the 19+ year-old age group was 0.8 percent. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse-evaluations and outpatient care (continued)

Monitoring Measure

Substance Abuse treatment by PCP or other providers, by age cohort and HMO

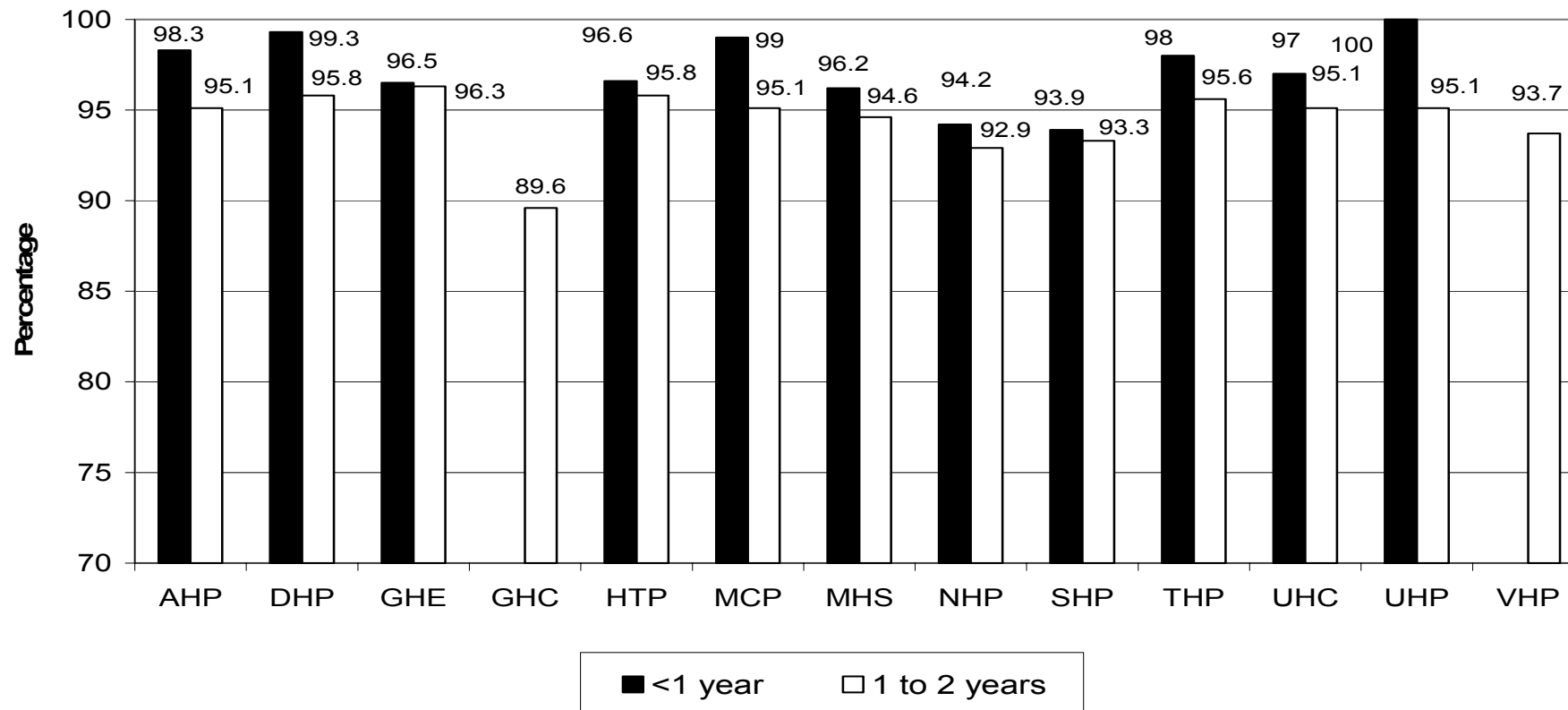


In 2004, the average rate of substance abuse outpatient care by a primary care provider (PCP) or other (unspecified) provider for all ages across all HMOs in Medicaid and BadgerCare was 0.4 percent. The average rate of substance abuse outpatient care by a PCP/other provider for the 0-18 years of age group was <0.01 percent; the average rate for the 19+ year age group was 1.2 percent. Please refer to p. 8 for a key to the HMO abbreviations.

Non-EPSDT (Non-HealthCheck) Well-child Care

Monitoring measure

Non-EPSDT (Non-HealthCheck) Well-child Exams, by HMO, Birth to Age 2 years

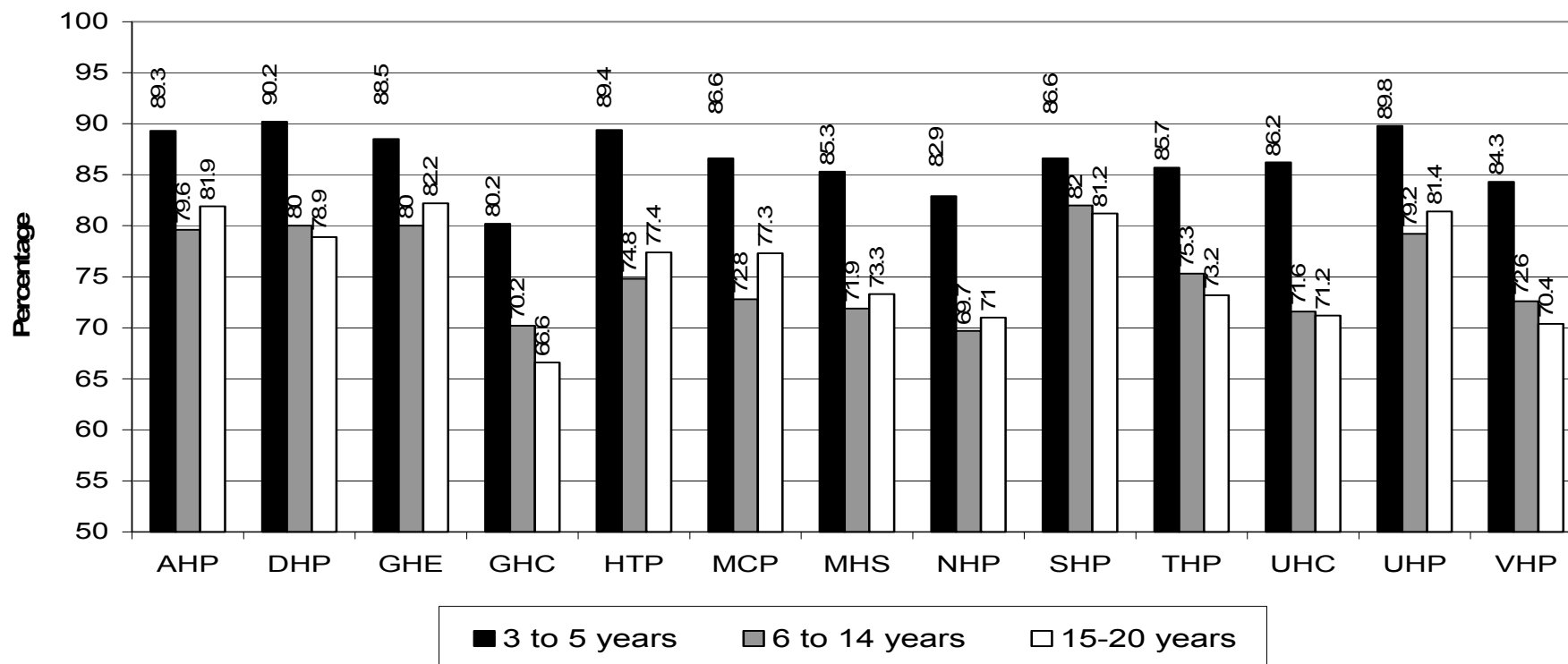


The average rate of provision of at least one non-HealthCheck well-child visit for children under age one year across all HMOs in Medicaid and BadgerCare was 96.3 percent. The average rate of provision of at least one non-HealthCheck well-child visit for children age one to two years across all HMOs in Medicaid and BadgerCare was 94.6 percent. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Non-EPSDT (Non-HealthCheck) Well-child Care (continued)

Monitoring measure

Non-EPSDT (Non-HealthCheck) Well-child Exams, by HMO, Ages 3-21 years

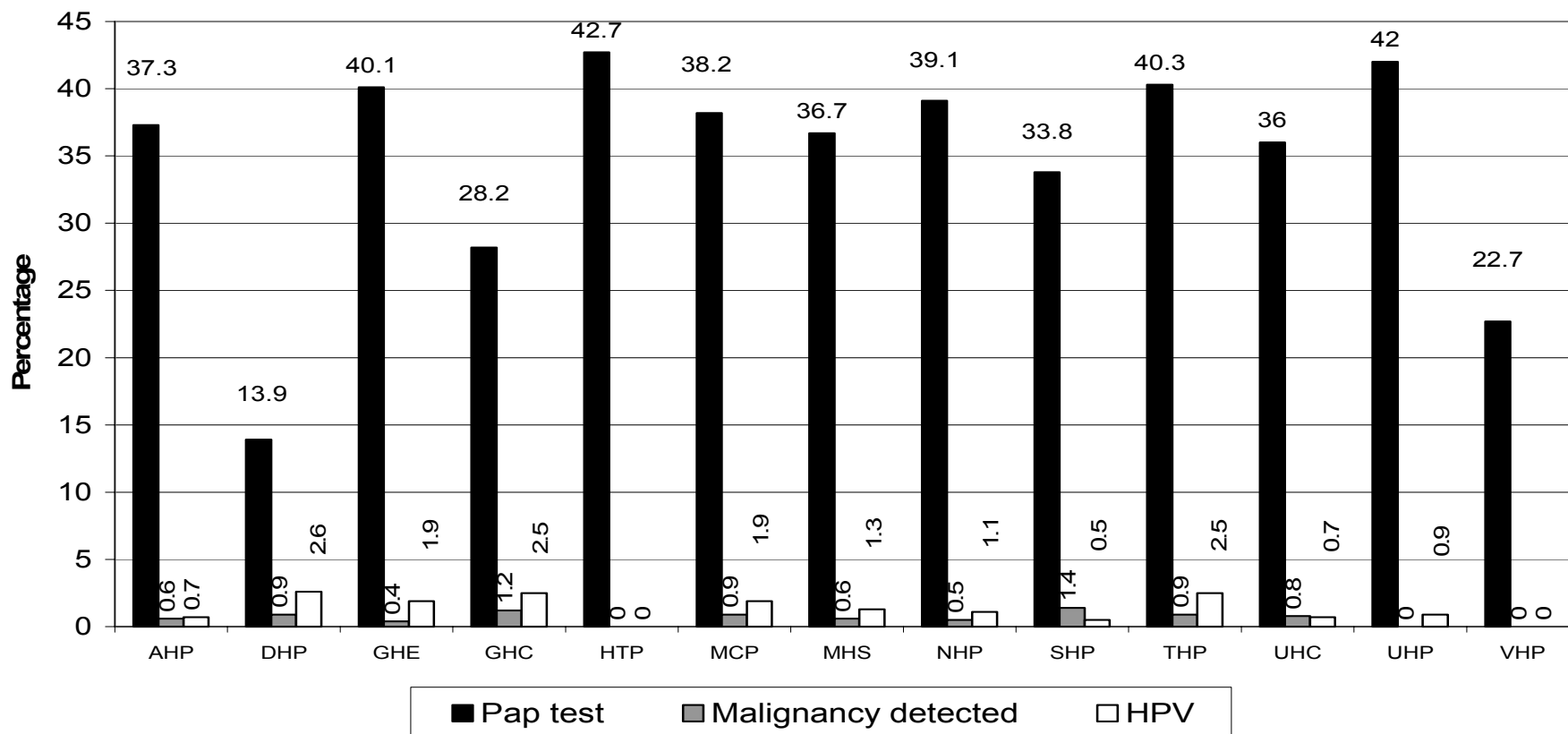


The average rate of provision of at least one non-HealthCheck well-child visit for children age 3 to 5 years across all HMOs in Medicaid and BadgerCare was 86.0 percent. The average rate of provision of at least one non-HealthCheck well-child visit for children age 6 to 14 years across all HMOs in Medicaid and BadgerCare was 73.7 percent. For children age 15-20 years of age, the rate was 74.4 percent. Please refer to p. 8 for a key to the HMO abbreviations.

Pap Tests-Cervical Cancer Screening

Monitoring measure

Pap Test, Malignancy & HPV Detected



In 2004, the average rate of provision of Pap tests across all HMOs in Medicaid and BadgerCare for women age 18-65 years was 36 percent. The rate of detection of cervical malignancies was 0.7 percent and the rate of detection of human Papillomavirus (HPV) infections was 1.2 percent. Please refer to p. 8 for a key to the HMO abbreviations.

